

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FILED NO.

FILING DATE

APPLICATION

10155600p

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							S1						
2							S2						
3							S3						
4							S4						
5							S5						
6							S6						
7							S7						
8							S8						
9							S9						
10							S-60						
11							S61						
12							S62						
13							S63						
14							S64						
15							S65						
16							S66						
17							S67						
18							S68						
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37							S87						
38							S88						
39							S89						
40							S90						
41							S91						
42							S92						
43							S93						
44							S94						
45							S95						
46							S96						
47							S97						
48							S98						
49							S99						
50							S100						
TOTAL IND.	5												
TOTAL DEP.	25												
TOTAL CLAIMS	30												